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AN ADDRESS*

By Dr. R. A. Bowie

I have been asked to address this class of graduate nurses to-day, on behalf of the medical staff of this hospital, and my apology for so doing must be, the pleasure I feel in being afforded the privilege of speaking to such a promising class on such a momentous occasion.

I wish most heartily to congratulate you on the success which has crowned your efforts of the past three years.

It has been a long and trying period, punctuated by misgivings and discouragements, hedged about by little failures, modest triumphs and occasional reprimands, bristling with memories of tired feet and heavy eyelids, but withal, this happy culmination is ample recompense.

I feel like a phonograph, which again and again repeats the same measure, but if I can to-day help you to face your work intelligently and in the right spirit, I do not mind being a phonograph. Now my difficulty is to know what to say.

The phenomenal strides in every branch of scientific surgical nursing has tended to overload it with detail. To winnow the chaff from the wheat and to prepare it in an easily digested state for tender stomaches taxes the resources of the most capable phonograph. It is well and comforting to remember that education is a life-long process, the main point in which is to get a relish of knowledge, the clear, keen joyance in work with which langor disappear and all shadows of annoyance flee away.

Here in the hospital, we teachers perhaps have tried to teach too much, and you have tried to learn too much. We can only instil principles, put you in the right path, give you methods, and teach you how to early discern between essentials and non-essentials. You now begin the serious work of life. The profession into which you enter to-day guarantees to each and every one of you, a happy contented and useful life, I do not know of any other, of which this can be said with greater assurance.

Many of you have been influenced by the example and friendship of your superiors, you are leaving them now and I give you one piece

*Address to Graduating Class of St. Vincent De Paul Hospital, Brockville, January, 1914.

of advice : "Take no thought for the morrow." Live neither in the past nor in the future, but let each day's work absorb your entire energies and satisfy your widest ambitions.

Carlyle says :—"Our duty is not to see what lies dimly at a distance, but to do what lies clearly at hand." Let the day's work suffice, live for it regardless of what the future has in store, believing that to-morrow should take thought for the things of itself. The absorption of the duty of the hour is in itself the best guarantee of ultimate success.

The secret of life as I have seen the game played, the great equalizer in the world, that which will make the stupid woman among you bright, and the brilliant woman steady, is **work**—Do good work for the profession and for the public; you, who carry with you to all parts of the country, good methods, will extend enormously the work of the Hospital.

You make of your Hospital a college in which as clinical nurses you slowly learn for yourselves under skilled direction, the phenomena of disease. As nursing is not a business, but an art, the education of the heart, the moral side, must keep pace with the education of the head, the latter will make you a nurse, the former a truly good woman.

There are few occupations of a more satisfying character than the practice of nursing. You must bring to it the philosophy of honest work, that philosophy which insists that you are here not to get all you can out of the life about you, but to see how much you can add to it.

How can you take the greatest possible advantage of your capacities with the least possible strain—by cultivating system, I say cultivating advisedly since some of you will find the acquisition of systematic habits very hard.

There are minds congenitally systematic, others have a life long fight against an inherited tendency to diffuseness and carelessness in work.

I have heard it remarked that order is the badge of an ordinary mind. So it may be, but as nurses, we have to be thankful to get into that useful class.

"A place for everything and everything in its place," is nowhere more necessary than in the hospital ward or the sick room. Great indeed must be the emergency, which will excuse putting anything where it does not belong. Failure to find important instruments in place and in order may cost a life. Let each hour of the day have its allotted duty, and cultivate that power of concentration which grows with its exercise, so that the attention never flags or wavers, but settles with a bull-dog tenacity on your work before you; no matter how trifling the matter on hand, do it with the feeling that it demands the best

that is in you, and when done, look it over with a critical eye, not sparing a strict judgment of yourself.

In these strenuous days, when the struggle for existence is so frequently misinterpreted for a struggle for pecuniary gain; may I sound a note of warning—Keep free, do not sell you birthright for a mess of pottage by joining clubs and unions whose goal is gold, not glory.

Your profession can never preserve the enobling ideals upon which it was founded if commercialism is allowed to become a dominant factor. Guard yourselves carefully against this insidious enemy, which may threaten to undermine your art; remembering with Stevenson, that generosity you will have, such as is possible to those who practice an art, never to those who drive a trade.

The nurse needs culture as well as system. In no profession does culture count for so much as in nursing. Working among all sorts and conditions of people, many of whom are influenced more by your culture which they can appreciate than by your learning of which they have no measure. Among the higher classes, the reassurance and sympathy of a cultivated gentlewoman may mean much more than the giving of medicine and baths, and we all know that the poor have a pretty keen appreciation of a gentlewoman.

Learn, too, to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work so that those about you may not be annoyed with the dust and soot of your complaints. Fully one-third of the work you do will be entered on another chart than yours. Courage and cheerfulness will not only carry you over the rough places of life, but will enable you to bring comfort to the suffering.

You belong to the great army of quiet workers—physicians and priests, sisters and nurses, all over the world to whom is given the ministry of consolation in sorrow, need and sickness. To you the silent workers of the ranks, in villages and country districts, in the slums of our large cities, perhaps in mining camps and factory towns; in the homes of the rich and the hovels of the poor, to you is given the harder task of illustrating with your lives the standards of **Learning** and **Wisdom and Humanity.**

Of Learning that you may apply in your calling the best that is known in the Art of Nursing, and that in the increase in your Wisdom skilled help may come to you in the hour of need.

Of a **humanity** that will show in your daily life, tenderness and consideration to the weak, infinite pity to the suffering, and broad charity to all.

May this day be to each of you the beginning of a happy life, in a happy calling.

NURSING IN THE HOSPITAL FOR INSANE*

By Lena A. Davis

It is a great pleasure to me to be allowed the privilege of reading this paper to you, concerning my work among the mentally afflicted.

Outside the Hospital for the Insane, the common impression seems to be that when a man or woman has once been admitted to that institution, he or she must abandon all hope. Most people believe that the patients are brought there, handcuffed and tied, and that they are placed in dungeons or strong rooms for safety. This is so far from the truth in the institution, that it is hard to realize that people can know so little about so prevalent an illness.

I think there are more cases of mental illness occurring in Toronto than of typhoid, and yet, even the physicians and nurses of Toronto have not made themselves acquainted with the care and treatment of these cases.

Naturally, there are several forms of mental illness, and this afternoon I will speak more particularly of the women, with whom I come more in contact.

We have a great many old women come to the institution who, because of hard work and worry, become unable to take care of themselves. They become fussy and restless, they do not sleep at nights, they wander about, their memory is bad, they are physically weak, they get lost, and have to be kept somewhere, that someone may have the oversight of them. These patients are not dangerous and not particularly noisy, but they are very hard cases to nurse. They require a great deal of attention, and we think often, that it is attention that should be given them at home. We cannot see reasons why, because a woman is old and infirm, she should be handed over to a Government Hospital to be taken care of. Many nurses refuse to take care of these cases at home, because they are restless, and because they complain. All that this class of patient requires is kindness, patience and tact. They must be kept warm and very comfortably clothed. The nurse must attend to this, because the patient's memory is so bad, that she cannot. They must be fed often with light diet. To me it is a pleasure to feel that I have the opportunity to take care of many of these old women, who have been useful citizens, who have given their whole lives to taking care of other people, who have worked and slaved that their children might have advantages and who have now broken down.

Another class of patient that comes very frequently to our door is a woman who has a family of small children, who is ambitious and proud, and who has worked early and late trying to make clothes and provide a home for her little ones. She has no time for amusement, she cannot read, she cannot go to the theatres, she cannot take part in social

*Read at February meeting of Toronto Western Hospital Alumnae Association.

affairs, she gets up early in the morning and works until late at night. She begins to fail in weight, she becomes anaemic, her bowels become constipated, she feels tired all the time, she becomes restless, she has no energy to go on with her work, she becomes sleepless and despondent. She cannot see any ray of sunlight; looking into the future she cannot see anything but work and worry. About this time she begins to lose her sleep, to become restless, she walks about the house at night. All of this is an additional strain on her frail and delicate system. These cases come to the hospital and are called Exhaustion Cases.

By the time they reach us they are wildly delirious, mark you, I do not say insane, I say delirious, with the same kind of delirium that a typhoid or pneumonia patient has. The lips are covered with sores, the tongue coated, the body wasted, the complexion bad, and the eyes wild, frightened and staring. They are picking at their clothes and possibly tearing them. Frightened and resless, they will not stay in bed. Their pulse will be running from 100 to 140. Their temperature is about 100 or 101 degrees. These are the patients, all ignorant and coarse people say, "Oh, she is crazy!" whereas, the patient, if she is crazy, should be proud of it, because she has worked and given every bit of herself for someone else. Some of these patients die, but the great majority, with careful nursing, make quick recovery. All that they require is rest. plenty of nourishment, fresh air, kindness, and a few words of encouragement. Carrying a nice tray down to the side of the bed, and fixing up a nice bed, is not nursing one of these patients. The nurse must deliberately plan to win the confidence of that patient. She must sit by her and soothe and coax her into a better state of health. Nourishment must be given to her every hour or two in small quantities. Stimulants must be given, excretions must be looked after, in short she must be nursed in the same way that a new-born baby is nursed. Sometimes when these women come to us it is necessary to feed with a tube for two or three days, because they must immediately begin to get nourishment. If the first two or three days' treatment is what it should be, the patient always recovers and goes back to her home to take up her duties again. The difficult part is to arrange the home life and surroundings, so that she will not again have to work herself to death and exhaust her vitality and return to us for health.

Is there any stigma, I ask you, attached to such an illness as this? We have several of these cases in the acute stage at the present time in our hospital. These cases you will see require special nurses, even one for day duty and one for night duty. We hear every day of general hospitals wanting to send patients to our institution, because they need special attention, whereas we feel that if we cannot give special attention to our patients, we are not doing the best that should be done.

Then again, we have another class of patients, who, because of de-

fective heredity or uncongenial surroundings, or some other reason which we do not know, have developed a mental condition that renders them liable to all sorts of peculiar ideas. They become suspicious and imagine they have enemies. They imagine that people are not treating them properly, that their friends are plotting against them. They watch all the time to see if they cannot find some ground for these ideas. These patients are very sensitive, their feelings are easily hurt and they think constantly of these. Because of their delusions of persecution and their fears that they may be poisoned or injured in some way, and their ideas that people are talking about them, they form the habit of living much to themselves. They become cross and irritable, and this sort of life will, in a short time, break down their physical health. It only accentuates their delusions, and they become perfectly confident that something is being done to them.

When these patients are brought to the hospital, they are certain that their friends have been plotting this and hold this up as evidence of their persecutions. They say, "Why are people all against me? Why do they put me in the asylum?" They say, "If they give me a fair chance I can work." You will readily see how difficult it is to gain this patient's confidence. She requires a world of attention. She requires a great deal of humoring and a great deal of coaxing. She will get angry with her nurse and abuse her nurse, but the nurse must go right on trying, she must study her patient and find out what irritates her. She must always be pleasant and cheerful, but the unfortunate part of it is, that when we teach these patients to live pleasantly at our place and teach them that everyone in the institution is their friend and that everyone is working for their interest, we cannot arrange the home life and surroundings so as to continue the good work. We have scores of women, who live pleasantly and cheerfully with us, but who, when they go back to their home surroundings, are constantly exposed to petty annoyances and sneers and rude treatment, that re-light the fires of delusions. The question will arise, should these women go back to their home when they are well, to be again annoyed into a condition of ill-health, or should they stay with us where they are happy and where they are surrounded with friends who understand them.

I think you will say that in our work, each case must be treated on its merits. No two cases can be treated the same. Each case must be studied and the mental condition analyzed. The cause for this mental condition must be understood and removed.

A nurse may be a good nurse for a case of typhoid and give her patient excellent care, without becoming much interested in the personality of her patient, but in order to be a good nurse for a mental illness, the nurse must enter into all the mental griefs and worries of that patient. That patient's personal affairs and personal troubles

must be the nurse's personal affairs and personal troubles. She must feel that she suffers for them and with them. The patient must know that the nurse is giving her life's best effort. You may think this sounds exaggerated, but to me it is not so.

We have scores of cases where the patient in a moment of anger or delirium strikes or scratches the nurse and the nurse's only response would be, "Oh! you poor thing." One of our male patients who had been in the care of one of our oldest employees struck this old man, and cut his lip badly. When the doctor wanted to remove this patient to another ward, the employee came down to the office and said, "I had Willie for a long time and I understand him better than anybody else can." He said, "If Willie goes to that ward, his bad spells will come on twice as often and they won't understand him and he won't do so well."

Another department that I wish to mention for a moment, although I do not come so closely in contact with it, is the male admission ward. This ward receives every male patient that comes in, whether from the hospital, the home or the gaol. Every patient comes to this ward and is put to bed and nursed there until it is decided that he is not an acute case, and most of the patients remain there about two months. This ward is managed by female nurses. You may think it strange, but no male patient has in any way conducted himself in such a way as to hurt the feelings of the nurse. I wanted to mention this to prove to you that our patients are not the dangerous people that they are represented. Our patients are human beings and have all the hopes, ambitions, desires and faults that human beings have. We get some people who are only unpleasant, because our patients are human beings. We get more, who naturally try to be courteous and kind. It is a peculiarity of human nature that one person will try to act towards another in that way that he is being treated by the first one; and we find that our patients, if treated in a gentle manner by a female nurse never fail to respond. We have had men sent here from Toronto gaol with the reputation of being dangerous and violent men, who could not be managed by the police or authorities at the gaol. They are at once turned over to our nurses and at once they begin to live up to it, showing that their mental illness does not make any change in their dispositions and character.

If I can this afternoon make you understand that our patients are the same human beings and the same people that you and I are, and that your patients are, and if I can make you understand that our nurses are doing noble work, I will feel amply repaid.

Many of our nurses come to us when young girls. They make their home at the institution, they get acquainted and wrap themselves up in the work, they spend their life doing that work. We have some

who have been with us for thirty years. Some of these women are very superior women personally, and they have become interested in this work. They always have the idea that they are going to go at something else, but all the time they are too much interested in what they are doing to look for something else. Naturally we have many girls who come to us, stay but a short time and go away again. Many of them are good girls, but are unsuitable for this work. They are not willing to make the necessary sacrifice. We believe that it is a noble calling for a nurse, and we also believe that the patient who has suffered from a mental illness can go out and do just as good and useful work and be just as good a woman as the patient who has suffered from pneumonia or typhoid. We can see no reason why a stigma should be attached to a person who has once been in our institution.

These are the ideals that we attempt to hold before our patients and our nurses. This is the work that we are doing and are proud to do.

AN ACT TO INCORPORATE THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA

(Passed the 22nd day of April, A. D., 1910.)

Section.
1. Incorporation.
2. Objects.
3. Officers.
4. Constitution and by-laws.
5. Real estate.
6. Power to sell or mortgage and collect dues, etc.
7. Assessment of members.
8. By-laws to be approved.

Be it enacted by the Governor, Council, and Assembly, as follows:

1. Frances Forrest, Violet Kirk, Alice Deacon, Kate Graham, Marion Wrayton, Lilian Ross and Eveline Pemberton, and such other persons as may become associated with them are hereby constituted a body corporate under the name and style of "The Graduate Nurses' Association of Nova Scotia."

2. The objects of the association shall be:

(a) To provide a special organization for graduate nurses, and to do all such other things as from time to time may be necessary to elevate the status and advance the Association of Graduate Nurses of the Province;

(b) To unite the members of the profession into one general body; to provide for the better definition and protection of graduate nurses, and the supply of educated and trained members by a system of examination or otherwise as the Association may deem best, and the issue of certificates:

(c) To promote and foster among the members of the profession a high sense of the importance of professional training, and to promote and protect the mutual interests of the members;

(d) To provide opportunities for intercourse amongst the members, and to give facilities for the reading of papers, the delivery

of lectures and for the acquisition and dissemination by other means of the most improved methods and scientific teaching of nursing;

(e) To assist necessitous members, and to act as trustees of any benevolent fund or funds which may be contributed for any purpose;

(f) To acquire, purchase or lease, to sell or dispose of any building, lecture room or any property, real or personal;

(g) To do all such other lawful things as are incidental or conducive to the above objects.

3. The officers of the Association shall consist of a President, Local Vice-President, Provincial Vice-President, Secretary, Treasurer and Executive Committee, who shall be elected at each annual meeting of the Association in such manner as may be fixed by by-laws. There shall also be an Executive Committee which shall be composed of the officers of the Institute and such members as the constitution may determine, who shall be elected at each annual meeting of the Association.

4. The Association shall have power from time to time to adopt a constitution and frame such regulations and by-laws as the Association may deem necessary for the efficient management of the Association, including the following among other necessary powers dealing with:

(a) The powers and duties of officers of the Association and of the Executive Committee and the qualifications of the said officers, and the method of their election;

(b) The admission of nurses as members of the Association and matters relating to the discipline of members, including the power for cause to strike off the name of any member off the roll;

(c) The appointment of examiners to conduct examinations for membership, the standard to be attained thereat, and of all matters relating to the conduct of such examinations.

5. The Association may acquire, purchase or lease, have, hold and dispose of any real estate or building to be used as a home, institute or lecture room to the value of ten thousand dollars ($10,000.00) and may sell, mortgage or otherwise dispose of the same as it may seem fit.

6. The Association shall have power to buy, sell and mortgage land, and to sue for and collect all fees, subscriptions, dues, assessments and all moneys that may become due to the Association.

7. The Association is hereby empowered to assess itself for any extraordinary expense at any meeting called for the purpose by two-thirds of the votes of the members present at such meeting.

8. The constitution and the regulations or by-laws of the Association, and every repeal, amendment or re-enactment of the same, shall be subject to the approval of the Governor-in-Council, and when approved shall have the force of law.

GLEANINGS.

The Museum of Social Service in Buda-Pest, is the subject of an interesting and instructive article in *Progress* for January. M. Szanto, Director of Social Service, felt that the work of the Hungarian Institute might be greatly enhanced by the establishment of "a Museum in which were shown objectionable and advisable industrial methods in various occupations; models of safety appliances were exhibited, and detailed information given with regard to diseases of occupation or movements for social betterment." The Museum enables the busy man, either employer or workman, to readily obtain the knowledge he needs. "To succeed in bringing about industrial betterment, it is not enough to install the necessary appliances. Workmen and their families must be taught the purpose of these efforts and shown how to make the best use of them."

"The Museum has a permanent exhibition divided into sections, containing models, diagrams, etc., of efforts of all kinds for social welfare. Lectures are delivered there under the auspices of the Museum authorities by representatives of various societies active in social work." Further than this, the Museum of Social Service has established itinerant exhibitions in order that its benefits might be placed within the reach of a greater number of people. "The last of these exhibitions was divided into sections, as follows :—(1) Organs and functions of the human body; (2) Food and clothing; (3) Occupational diseases; (4) Safety appliances; (5) Inspection of factories; (6) Workmen's insurance; (7) Emigration; (8) Industrial betterment; (9) Housing; (10) Social work; (11) Children's hygiene; (12) Cleanliness; (13) Infetious diseases; (14) Tuberculosis; (15) Alcoholism."

The article closes with the following paragraph :

"The most important task after the enlightenment of the masses is social work, which has taken the place of charity, and for which our exhibitions make suggestions. The greater part of social work is voluntary, but when any social provision becomes a general necessity, legislation takes the matter up and makes compulsory what was voluntary. The best example of this is industrial insurance, which in most civilized States is complsory, with far-reaching effects on the health, working capacity and general welfare of the people. In Germany it has been complsory for three decades, with the result that the average length of life has increased by ten years. Social activity is a necessity both on the part of the individual and of the community. The community should promote the building of healthy dwellings for workmen. Clean, wholesome, and cheap hostels should be established for both men and women. Homes should be founded where tuberculosis in its early stages may be cured, and the patients accustomed to such a mode of life as will prevent them from spreading the disease in the

family circle. Day nurseries for infants, whose mothers are at work, and playgrounds for older children should be established in industrial areas. Settlements on the lines of those in England (where the love of social work and the sense of social duty are more extended than in any other country in the world) ought to be founded to train the privileged classes to engage in social work, to take an interest in it, and to appreciate it. To preserve the life of the body, which is the temple of the soul, to pay due regard to our own health, and that of our fellows is a paramount duty, and to spread this feeling of duty has been the purpose of our exhibitions.

Institutes of social service are among the newest developments of social organization, and are fast becoming the museums of the future, which will be visited by the masses for their own enlightenment. It would be desirable that the numerous examples which are already in operation should enter into a union for the interchange of ideas and experience. Such a union would be a great step towards the promotion of the social welfare of mankind."

The Journal of the Royal Sanitary Institute published, in its January number, excerpts from a paper on the part played by indiscriminate spitting in the spread of tuberculosis. The writer says :

"Sputum being a form of excrement, it is somewhat remarkable that the unwritten laws of decency should not already in great measure have controlled its disposal. There can surely be no strong reasons why this particular human by-product should be looked upon with especial tolerance.

1. Difficulty of the control of spitting among the tuberculous only.

It is over thirty years since the infectious character of sputum from patients suffering from pulmonary tuberculosis was first demonstrated. As a result attention was soon directed towards the disinfection of such sputum, and phthisical patients are now instructed to expectorate into spitting flasks or paper handkerchiefs. Meanwhile, no such observance is asked from the sufferers from chronic bronchitis and from other habitual spitters. The result is, to some extent, to brand the man who, in public or when at work, exercises decent care in the disposal of his expectoration as a consumptive.

2. Need for control of indiscriminate spitting. Voluntary and compulsory methods.

If we accept the view that tuberculosis is being freely spread today by indiscriminate spitting in the homes of patients, in vehicles, in public theatres and halls, and in the streets, the question that must at once present itself is, how is this infection to be controlled ? We hear a good deal about the gradual education of public opinion. Undoubtedly, as has already been said, there is in the public mind a growing feel-

ing that the disposal of expectoration ought to be controlled, but, after all, this feeling is practically restricted to certain sections of the community; indeed, to those sections where phthisis is comparatively uncommon, and where its presence is detected early. There remains the large majority who are thoughtless and potentially dangerous. The method has been tried of appealing to these with public notices bearing the request "Please do not spit." Personally, I am of opinion that these notices, although effective with the more thoughtful, simply do not disturb the equanimity of the class we most want to reach. Their effect is, frequently, merely to remind the casual reader that he can spit if he likes, and many lose no time in asserting themselves by practical demonstration. I am convinced that no marked decrease in the habit of spitting will be seen until by-laws have been obtained for its control, not only in covered places, halls, etc., but also to some extent in the public streets.

3. Administration.—Under this head the writer goes on to show how by-laws for the control of indiscriminate spitting can be arranged.

Atophan increases the elimination of uric acid in a proportion heretofore unattainable and thus obviates overcharging the gouty system with uric acid. Its action is more certain and more prompt than colchicum preparations and it does not cause any disagreeable secondary actions.

Atophan is indicated in Articular Rheumatism, Blenorrhoeic Arthritis, Neuralgia, Sciatica, etc.—*The Canadian Journal of Medicine and Surgery.*

Treatment of Cancer by Fulguration: This method was explained and recommended by Dr. Hett, of Berlin, Ont., in his paper before the Canadian Medical Association in London in June. The term "Fulguration" means lightning. The electricity is generated by a specially constructed apparatus and is applied to the wound before it is sutured. Two cases were shown where results had been very gratifying.

"*The Bacterial Therapist*" recommends the use of the appropriate bacterins for the common, acute and chronic infections of the nasal and bronchial membranes. "Under the vaccine treatment there is usually marked relief in from twelve to twenty-four hours after the first inoculation, and often the patient makes a rapid recovery. In chronic catarrhs the vaccines cannot, of course, correct anatomical deformities in the nasal cavity or eliminate the need of operative interference, but where these factors are absent, a cure under the use of the vaccines may be confidently predicted. A characteristic feature of the treatment is the marked general improvement that is noticed before the local infection shows much change.

"CHILD WELFARE."

By Miss Harriet Leet.
Superintendent of the Babies' Dispensary and Hospital, Cleveland, O.

(Continued from February issue.)

"Once a month each nurse goes over her charts with a supervisor and the Assistant Medical Director. These meetings are most helpful to director, supervisor and district nurse, as the cases are studied individually and great thought given to them. The physician learns the nurse's point of view and the nurse learns the physician's wishes in the care of the case. Right here I might speak of the great advantage of having all of our work under the supervision of physicians. Physicians have had a broader training than nurses and are able to look at the work from a more scientific view-point.

"Since March, 1911, we have had care of the eye cases of all babies under three years of age. Because there is practically only one treatment for Gonorrheal Ophthalmia, and quick action is so necessary, the eye nurse is allowed to take cases and work directly with private physicians. We, as nurses, know that fully as many severe eye cases come from physicians as do from the midwives. Here a tactful nurse may be able to save the eyesight by getting the baby into a hospital. We feel sure that at least fifty babies have their eyesight who would not have been taken care of had there not been a nurse who had time to devote to this particular work.

"The Ohio State Commission for the Blind has made an appropriation for ten months' investigative work among the midwives of Cleveland. This same nurse also supervises all of the "blind work" under the direction of the Bureau of Child Hygiene of the Board of Health.

"All Babies' Dispensary nurses know how trying is the Boarding Home question. Homes run for profit (and most of them are) have not sufficient help for the number of babies. Since the first of March one nurse has devoted her entire time to the Boarding Home question, investigating new homes where we can place just one baby in the home. We hope to have all of the homes near enough to branch dispensaries so that the caretaker can go to the branch dispensary for instructions and the branch physician can examine the baby. Also we wish to have a sufficient number of homes within the boundaries of our milk route.

"For three years we have hoped to give a post-graduate course for both physicians and nurses. At both State and National meetings we have been asked when we could do it. Only lack of time and of funds has prevented our starting the work, and it is hoped it will soon be a reality. Those of you who have studied our map have noticed that it is in the general scheme. The course will be only two or three months in duration, as, of course, nothing but Babies' Dispensary work

will be touched upon. It will include both practical and theoretical work.

During the last three years we have had an Outdoor Ward during the summer months, and here the nurses have an experience in the care of sick babies.

"The education of girls in the eighth grade of the public schools in infant hygiene comes under the direction of baby nurses, because of their particular training. A six weeks' demonstration of the teaching of infant hygiene to the sixth, seventh and eighth grades of the public schools was made by the school nurses, supervised by a Babies' Dispensary nurse. All of the pupils were intensely interested and there can be no doubt of the advisability of placing the work on the regular curriculum.

"Cleveland has a unique relation with the Board of Health, as the Board of Health nurses and Babies' Dispensary nurses have the same training and work as closely together as though they belonged to the same organization. This gives uniformity of work and saves duplication. This is made possible by the appointment of the Medical Director of the Babies' Dispensary as the Director of the Bureau of Child Hygiene.

"In reading an address by Dr. Henry L. Coit, the father of the Milk Commission, the thought came to me that we might take their constitution, insert the word 'nurses' and use it as a standard.

"(a) First—To unite the nurses of the city who are engaged in the study of the diseases of infancy and childhood.

Second—To promote, by its concerted efforts, scientific nursing methods.

Third—To foster a greater interest in pediatrics by nurses at large and to spread a knowledge of pediatrics among nurses.

"(b) 'It is the natural right of every child born into the world to remain and grow to years of efficiency. It is the birthright of every human being to live to independent existence, and since the infant in its innocency and absolute dependency has violated no law of life, it should not die. If, as most men believe, its early death is largely due to ignorance, then the responsibility is ours, and it is incumbent upon us to find the means to protect it.'

"Because so much depends upon education and good care in the home, one could almost say the health of the future citizens depends upon the nurses.

"(c) James Ward wrote: "To train up a child in the way he should grow is to so control the circumstances of his life that he shall grow as straight as possible, as much as possible, in as many directions as possible, and as harmoniously as possible."

"We, as baby nurses, can only touch his world, as all of the child's surroundings and environments assist or hinder his development. Fortunately, there are many other associations with whom we can co-operate.

"I cannot too strongly emphasize the need of affiliation with other nursing organizations. We gain a broader outlook by discussing other nurses' problems, and I hope we in turn are helpful to them.

"Mechanical routine work accomplishes small results. It is live, intense interest with thorough demonstration, with alert watchful supervision that counts and makes impressions upon the mothers which are lasting, and this is the whole scheme of the prophylactic work; education of the mothers and little mothers.

"Nursing is too fine a profession for us to allow ourselves to only see our own little corner, and unless we seize every opportunity of association with other nursing organizations, we are neglecting a great opportunity, not only for our own advancement, but also for helping others. We surely cannot afford to ever grow narrow or selfish, or to ever allow ourselves to think of our work as a trade and not the highest profession.

"Mrs. Robb said, 'Training has given us a definite place in the community and carried us beyond the confines of creed and of country, beyond the bounds of luxury and poverty, into close communion with the brotherhood of man.'

"This is surely a high ideal for all nurses."

"IF THESE MEN DIE, I DIE WITH THEM."

A Missionary's Tribute to a Trained Nurse.

We who live in a peaceful and comparatively law-abiding land have small conception of the nervous tension under which some of our representatives in foreign countries live all the time. During the last year this sense of approaching danger has been still stronger throughout Turkey and the war zone in the nearer East. Rev. L. D. Woodruff, of Philippopolis, Bulgaria, recently in America, has told us something of the panic which is liable to overtake the public on perhaps slight cause.

He also tells of the bravery of an American woman, whom we are proud to claim as one of our own missionary family, Miss Mary M. Haskell, of Samokov, Bulgaria. Mr. Woodruff says :—

"Two days after the assassination of Shefket Pasha we were in a hotel in the European quarter of Constantinople, when suddenly the air was filled with the screech of iron shutters jerked down over win-

dows and doors of every building in Pera. Our hotel proprietor was not behind the rest in blinding windows and bolting the door.

"I cannot describe the fear that seized the house. It was as if we saw streets swept by a stream of blood, with men and women fighting in it. In a few minutes the wave had passed, and men were smiling at themselves for yielding to the fear that is always latent in the land of the Turk.

"Something of that terror touched our hearts when the low rumbling of cannon reached the old Roumelian capital the day the fighting with Turkey began; and we knew not whether the dread sound would fade away toward the Aegean, or grow louder and louder until it roared an accompaniment to Moslem fury in the very streets of our beautiful city.

"When Enver Bey, encouraged by Roumania's unresisted advance upon Sofia, as easily led his Anatolian troops back over the fields of Bunar Hissar and Kirk Killisse, women in far Philippopolis spent the whole night in prayer that the scourge draw not nigh.

"In Adrianople the only course for the population was to fawn or flee. The Bulgarians, soldiers and civilians, fled. Dr. Monoloff, in the old military school hospital, ordered his doctors, nurses, and patients to make good their escape. In a few hours the hospital was empty save a few Bulgarian soldiers who were too sick to flee and—Miss Mary M. Haskell."

For a number of months Miss Mary Haskell, who is the sister of Rev. E. B. Haskell, the American Board's missionary in Salonica, bearing the Red Cross on her sleeve, has been working among the Bulgarian sick and wounded in the hospital at Adrianople. The order to flee did not coincide with Miss Haskell's idea of the duty of a nurse to her patients. She refused to be one of those who deserted persons too sick to be moved, saying, "If these men must be left to die, I will die with them."

During all last winter Miss Haskell was caring for the sick and wounded, partly at Lozengrad and smaller places, though chiefly at Adrianople. King Ferdinand and Queen Eleanor, of Bulgaria, have much appreciated the devotion of the missionary nurses and doctors.—Missionary Herald.

THE SCHOOL NURSE

On Tuesday, February 3, 1914, the third annual meeting of the Canadian Public School Nurses' Association was held at the Graduate Nurses' Club, 295 Sherbourne Street, Toronto. After a cup of tea, the regular business meeting over, the association proceeded with the election of officers for the coming year. They are as follows: President, Mrs. Struthers, re-elected; Vice-President, Miss E. J. Jamieson, re-

elected; Treasurer, Miss Jones, re-elected; Recording Secretary, Miss Roberts; Corresponding Secretary, Miss McCallum, re-elected; Press Representative, Miss Paul, Superintendent of the Public School Nurses of Toronto. Board of Directors—Miss Paul, elected for three years; Misses Kingston, Jamieson and L. M. Thomson, for two years; Mrs. Struthers, Misses Jones, McCallum, Denison and Roberts for one year.

It was decided that the Executive should relieve Miss McKay of the printing. Miss Webster read a very bright, interesting paper on "The Training of a School Nurse," by Miss Helen Pearce. Names proposed for membership: Misses Spry, Beal, Galbraith, Misner and Denison.

The folloing nurses are taking a post-graduate course in school nursing in Toronto: Miss D. Jefferson, R.N., Capital City School of Nurses, Washington; Mrs. C. F. Magee, Ottawa General Hosp., Ottawa, Ont.; Miss L. Campbell, St. John's Hospital, Toronto; and Miss S. McLean, Garfield Memorial Hospital, Washington, D.C.

Miss Barrie has been appointed Social Service and School Nurse in Sarnia, Ont., under the Local Council of Women and School Board, and spent a few days in Toronto looking into the system of Medical Inspection there.

The above cut shows the Medical Inspector making a thorough chest examination of a child whose history pointed to tuberculosis. In such cases one of the parents is always asked to be present.

Editorial

THE CONVENTION IN HALIFAX.

The annual meeting of The Canadian National Association of Trained Nurses is to be held in Halifax, N.S., this year. The best possible preparation for this meeting is the careful perusal of the report of the last annual meeting. All cannot attend the meetings, but all can keep in touch with what is done or proposed. The work of this Association concerns every nurse in Canada. Then let it not be said of you that you do not know what the National Association stands for or is trying to do.

Send to the Secretary, 56 Sherbrooke Street West, Montreal, for a copy of the Report, read it carefully, then consider what contribution you can make to the Halifax meeting. Your interest is needed, yes, **yours**, and the meeting will not be complete without some evidence of that interest. And there is no time to waste.

The Canadian Society of Superintendents of Training Schools for Nurses, also meets in Halifax this year. Every Superintendent of Nurses should see to it that her contribution to the helpfulness and success of that meeting is ready in good time. The society has definite aims, its work is important, and the results of that work far-reaching. Then, surely, some careful thought and earnest, definite effort should be contributed by every Superintendent of Nurses in Canada to the Annual Conference.

Let Halifax, 1915, be the best yet !

The Officers are hoping to be able to arrange for cheap rates for this Convention. Definite notice as to this and the dates of meeting will be given later.

FANNY WILDE McEVOY.

We hope those nurses and nurses' organizations who have contributed to the maintenance of this veteran nurse, have not forgotten her this year. She, with her aged and infirm husband, is now being cared for in a home for the aged in Detroit. Mrs. McEvoy has been very comfortable and happy since the nurses have been caring for her.

The Trained Nurse says: "We know that there are hundreds of nurses and friends who will be glad to have a share in caring for our aged sister nurse, who is thoroughly dependent on our contributions for keeping her where she is. Just one dollar bill from you, sister nurse, and a wish and a prayer that the Lord will make the year 1914 the brightest and best of all the years that Fanny Wilde McEvoy has known. Send contributions to Charlotte A. Aikens, 722 Sheridan Ave., Detroit.

THE CANADIAN NURSE FUND.

In June, 1912, we published the contributions to date to this Fund —$51.00. Those received since are : R. Judge, Vancouver, B.C., $1.00; L. M. Teeter, Toronto, $1.00; Well-wishers, Newfoundland, $6.50. This last item was collected by a nurse who is debarred from active duty, but whose interest in "The Canadian Nurse" prompted her to interest some of her friends in the Fund.

The Canadian Nurse Fund was started by some enthusiastic members of the Editorial Board with the idea of helping the magazine in whatever way help was most needed, but the nurses of Canada have not been very enthusiastic in taking up the idea and helping on to its realization. It is so easy just to let those who have always done the work and borne the burden keep on. In fact you expect them to keep on. But while they strive to faithfully perform their part, they cannot do your work, and the whole is always incomplete without all its parts.

STAMP-SELLING CONTEST.

The demeaning of the Nurse's uniform by young women who were engaged to sell Christmas stamps called forth an emphatic protest from nurses who have a high regard for the honor of the profession. These young women, having no particular regard for the uniform, do not always conduct themselves in a lady-like manner, and the public, having no way of discriminating, condemn these nurses, as they think, for their frivolous behavior.

The Waterloo County Tuberculosis Hospital did not propose to err in this connection. Boys from the junior division of the Y.M.C.A. were engaged to sell the stamps for this institution. That they did their work well is shown by the amount realized. Zest was added to the work by a competition among different groups. The winning group was treated to an oyster supper.

This plan is to be commended. The boys enjoy the work and do it well, and no occasion is given for adverse criticism.

Will contributors kindly see that all material is in the hands of the Editor not later than the ninth of each month. Write on one side of the paper only. That some expect the impossible is sometimes evident. One letter received was dated December 20th, and contained the request that the enclosed appear in the January issue. As a matter of fact, the January issue was almost ready for distribution at that date in December. We know it is very easy to forget dates, but if you will keep the above request in mind, you will help the Editor and make it possible to have notes and items appear in good time.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Holy Trinity Chapel, Trinity Square, Second Friday, 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The regular monthly meeting of the Guild of Toronto was held at Holy Trinity Chapel on Friday evening, January 9th. The Chaplain, Superior, and ten members being present.

After the service and address by the Chaplain, the meeting adjourned to the school house where refreshments were served. It was suggested that the members should do some practical work, such as making clothes for the poor. We hope to have a large attendance at our next meeting so that we may accomplish a good amount of work. A welcome is always given to nurses interested in the Guild and its work.

"The fine ethical side of a nurse's career is developed out of experience, sorrow, struggle and time—the 'noble career' is a thing of painful and laborious growth which the majority of nurses fail to develop at all."—*B. C. H. Nurses' Alumnae Quarterly.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on January 28, at the Nurses' Club, 295 Sherbourne Street, Toronto. Seven members were present. Mrs. Tilley presided. Treasurer's report showed a bank balance of $338.89.

The annual subscription of thirty dollars to the Fanny Wilde McEvoy Fund was sent to Miss Charlotte A. Aikens, Detroit.

In arranging for the Annual Meeting, it was decided to have a paper on "Private Nursing," to be followed by discussion.

Dr. Plewes, late of Newfoundland, is to give an address to the Nurses of Toronto at the club in February.

Miss Smith, Chairman of the Hamilton Chapter, was present and gave an outline of the Social Service work done in Hamilton.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The January meeting of the C.N.A. was held later than usual to accommodate the lecturer, also that we might have the President with us after her return from the National Executive in Toronto.

The Rev. Doctor Symonds delivered a most delightful lecture on Dickens, giving us a splendid insight into his early, as well as his later life; and a good synopsis of his works. It has been maintained by some that the day will come when the novels of Dickens will cease to be read, but there are no present signs of its approach. New editions of his works still pour forth from the presses of many publishing houses, and there is no doubt whatever that the sale of his books far exceed that of any other English writer except Shakespeare.

The February meeting was held on the 3rd, at which Mr. Holt read a paper on Registration, in which he gave strong support to the movement. He outlined what steps had already been taken, aiming at a legal recognition of the profession, and made suggestions for furthering of the object. He made it plain that there was no intention of trying to force any one out of the profession, but it was primarily for the purpose of putting the hall mark of competence on those nurses of proved efficiency. Dr. England and Dr. Ritchie England, also Dr. Maud Abbot and Mrs. Henderson added very great weight to what had been said by their able support of the movement.

It is hoped to have the bill ready for the next session of the Legislature.

Nearly all the hospitals were well represented, and every one was most enthusiastic.

Miss Phillips is enjoying a well-earned holiday at her home in Watertown, N.Y.

We are grieved to hear of the serious illness of Miss McClurg, one of our oldest members, and hope soon to hear of her recovery.

Miss Colquhoun is with us for a short visit, after a long absence in Manitoba. Her advent at the Committee meeting was met with great joy. And our one regret is that she cannot remain in Montreal.

Several of our members have been ill, but most of them are on duty again.

Miss O'Leary of St. Michael's Hospital, Toronto, has been very ill in that institution, but we are pleased to learn that she has so far recovered as to be able to be removed to her home.

CORRESPONDENCE

To the Editor of "The Canadian Nurse" :

Dear Madam—In the January number of "The Canadian Nurse" I have read with pleasure Mrs. Burland's very interesting account of the origin of "The Nursing Mission," Beverley Street, Toronto; but would like to make a correction of her statement re the Margaret Scott Nursing Mission, Winnipeg, as it may give rise to some misapprehension as to the nature of our work.

Unlike the Nursing Mission, Toronto, the Margaret Scott Nursing Mission has no training school for nurses.

Shortly after the mission was organized we had on our staff a nurse who had received her training in the Nursing Mission, Toronto, and it gives me great pleasure to say that her work was most satisfactory in every way.

Since that time, however, arrangements have been made with the Winnipeg General Hospital, by which their nurses might get about two months' experience in District Nursing at the Mission, and it was then decided that none but fully qualified, hospital trained nurses, should be taken on the permanent staff.

Trusting you will make this correction,

Believe me,

Yours sincerely,

Eliza L. Beveridge.

The Margaret Scott Nursing Mission,
99 George Street, Winnipeg.

In the January number of the "Public Health Quarterly" of the United States, there is a timely article on "The Nurses' opportunities in Hospital Social Service and Public Health Work," which we wish every district nurse and Social Service Worker would read. In this paper, Dr. Landis points out that the Medical and Nursing professions have shown themselves strangely remiss in their failure to grasp their opportunities in the work of reform which is going on in the methods of caring for the sick and unfortunate.

In the field of Hospital Social Service how little is being done in Canada to-day ! The great benefits to be derived from a Hospital Social Service Department have been demonstrated to the public, and articles have been written on it and addresses delivered, and still how little is there to show for it ! Now we see the lay-worker forging ahead, while her professional sister looks on with apathy or indifference. and this, while we know how important Hospital Social Service is in the campaign for the Welfare of the community, and while we realize to the full that this means must expand more and more. And Dr. Landis expresses it very well when he says : "The development of Hospital Social Service, as I see it, will be along the lines of work performed by the visiting nurse, plus Social Service and training in Sanitation."

The needs of almost every dispensary or ward patient may be put into two classes : One with the Sociological background, one with the nursing and educational background. To take the example cited: "A maternity case and the new-born infant! The Social Worker may find that the woman has been deserted by her husband, that she is behind in her rent, and that she has not sufficient food or clothing. That is the Sociological background, and the problems to be solved are: First, trying to induce or force the man to meet his obligations, and second, in default of this, the obtaining of relief from some one of the recognized charity organizations, or possibly from private sources. But there is

the other background, namely, the need of nursing attention for the woman, instruction as to the care of the child, especially if it is to be bottle-fed, and instructions as to household hygiene and the purchasing and cooking of food.

No one will question, both for reasons of economy and efficiency, that the woman trained along both lines is preferable to one with training in but a single phase of the problem."

An important fact, pointed out by Dr. Landis, is that most of the lay Hospital Social Service Workers are of a high type. They are, as a whole, well educated, eager students of sociological problems, possessed of initiative and thoroughly trained as far as their equipment goes. "Could that be said of the Canadian nurses as a whole ? "

In the matter, too, of public health, how much has been done by nurses ? Practically all legislation for the betterment of the public health has been brought about by the lay Sociologist, and the positions created have been filled by lay workers. Still, "public health means the education of the public in preventive medicine as well as the care of the sick. Its scope is almost illimitable, in that there may be included under the term every thing which in any way affects the health of the community."

"There is hardly a phase of public work that is not open to the nurse, inasmuch as all of the problems are largely those of public sanitation demanding for their solution the education of the people, and as has been well said, the most powerful agent for good in this direction is the public health nurse."

An important suggestion is made in the closing paragraph of Dr. Landis' excellent paper concerning sanitary officers : "For some time I have felt that if we are to make any great improvement in the health conditions of our large cities and towns, it must be through the agency of sanitary officers. I have furthermore held the belief that these individuals should be clothed with the authority of both the sanitary officer and the policeman. Many of these officers should, in my opinion, be public health nurses whose functions should be primarily one of education."

That may be given as the "Call to Arms" to the nurses of Canada. Let them speak for themselves, let them say what a nurse's education should be and insist on having it, and above all let them see to it that they have the right qualities of heart and mind and that they see where they are needed, and go in and work with their might.

The opportunities of the nurse for real service are wonderful to-day.

A Post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto; 46 Bishop Street, Montreal; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

British Columbia.

The Nurses' Registration Bill does not prevent any nurse from working, but does prevent her from claiming to be a Registered Nurse. You insist on Doctors, Dentists and Druggists being registered, but any woman stating that she is a nurse can nurse your family. The Physician sees the patient for perhaps half an hour. The Nurse has full charge for the 24 hours. The Physician depends on her for the report of condition, any changes, etc. If she is not qualified do you want her?

"This Act shall not be construed to affect or to apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick who does not in any way assume or pretend to be a registered nurse."

ANNUAL REPORT VICTORIA NURSES' CLUB

During the year our meetings have been held every month, Miss E. H. Jones, President, in the chair at every meeting. Our thanks are due Miss Jones, not only for presiding regularly, but for her interested help, and attention to the club at all times.

Five lectures were given during the year by the different doctors. Our membership remains at forty. Several new members have joined and a few old ones have gone away. During the year nine of our members have been ill, and each one received sick benefit. Our annual dance was given Easter week, and was, as usual, a social and a financial success. Our funds were increased by over three hundred and forty dollars. Although real estate is at a standstill for a time, we expect to make a good turnover in the coming year. We are affiliated with the Local Council of Women, The Canadian National Association of Trained Nurses, also with the Graduate Nurses' Association of B. C., having three members on the executive committee, helping to have our Registration Bill introduced into the Legislature this year. Our members, in common with nurses the world over, are spending their lives in the useful care of their patients, and the educative uplift of mankind.

Ethel Morrison, Secretary.

The annual meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, Wednesday, February 4th. The following officers were elected for the year 1914: President, Miss C. C. Trew; 1st vice-president, Miss Breeze; 2nd vice-president, Miss Bone; secretary-treasurer, Miss R. Judge; executive committee, Miss Barnard, Miss Dockerill and Miss Ewart. Entertainment and sick-visiting committees were also formed.

Registrar's report for the year ending December, 1913, showed number of nurses registered 188; number of registry calls, 1,066.

Secretary-treasurer's report for the year ending December, 1913, gave: members 83, with average attendance at meetings 18; cash in hand, $107.75; sick benefit fund, started in June, $424.15. Only one call had been made on the latter in the six months. It was proposed and carried that the association subscribe to "The Modern Hospital" magazine, for the use of its members.

After the meeting tea was served, the hostesses being Miss Bone and Miss S. Archibald.

Miss Arthur, Superintendent of the Powell River Hospital, B.C., spent the Christmas holidays in Vancouver.

Miss Peterson, of the Victorian Order of Nurses' staff, Vancouver, has been transferred to North Vancouver.

Miss McBride (W.G.H.) and Miss D. Turnball (T.G.H.), who have been private nursing in Vancouver, have left for San Francisco. They intend spending three months in Southern California.

The Victoria Nurses' Club held its monthly meeting on the afternoon of January 5, 1914. Owing to the heavy rainstorm the attendance was not as large as usual. The doctor who was to lecture was unable to come. Only routine business was transacted. One new member was received. A letter of thanks was read from a member for sick benefit received. Another member is to receive sick benefit this month.

Several hundred dollars' damages were done to the sterilizing room of the Jubilee Hospital, New Westminster, B.C., when the coal oil sterilizer exploded, setting fire to the room. The fire might have been disastrous had it not been for the pluck of little Miss Lee, who, on hearing the explosion, seized the emergency hose and fought the fire alone to prevent frightening the patients by spreading the alarm.

A petty fraud which is being practised on the public by persons who have been soliciting subscriptions for certain publications, and representing that the commissions are to be applied to the funds of the Victorian Order of Nurses, was one of the matters which came up for discussion at the meeting of the Order on January 10, 1914. The committee desires that the public shall clearly understand that no one is authorized to make collections of money or to solicit subscriptions for any magazine or paper, or in any way to canvass in behalf of the Victorian Order. The reports for the month showed that a great amount

of work had been done by the visiting nurses, whose duties have been much heavier this season than has been the case in former winters. Many people, who in former periods of illness were able to employ a private nurse or to enter a nursing home, have this year been obliged to apply to the Order. The number of cases of paying patients has also been smaller than usual, and the fees received have therefore been less. It was with great regret that the committee received and accepted the resignation of Miss Hall, who for some time past has been superintendent of the Florence Nightingale Home. Miss Hall has received a most gratifying promotion, having been appointed assistant inspector, under Miss Mary Ard McKenzie, for the Dominion. It was announced that the Patricia Auxiliary to the Order is to have the benefit of the Monday evening performance at the Empress Theatre when the comedy "Girls" will be presented. Mrs. W. M. Rose presided at the meeting.

The cost per patient per day at the Royal Columbian Hospital, New Westminster, during 1913, as compared with other cities in the Dominion, is practically the lowest, the average figure for the local institution being $1.55½. Statistics compiled in various cities of Canada show that the cost per patient runs anywhere from $1.50 to $3 per day, New Westminster being the minimum figure.

Alberta.

The formal opening of the new South Side Hospital, The Strathcona, Edmonton, Alta., took place on the afternoon of January 24, 1914. Lieutenant-Governor Bulyea officiated. Mayor McNamara and Dr. H. M. Tory, President of the University of Alberta, also gave addresses.

The new hospital, which is purely civic, has accommodation for ninety patients, and is in charge of Miss Baird, Superintendent.

Manitoba.

The new North Winnipeg General Hospital was opened on February 1, 1914, by Mayor Deacon, in the presence of a large gathering of prominent citizens. These quarters are only temporary. Arrangements are being made to erect a modern hospital to cost $200,000.

A surprise party composed of members of the medical staff of the Brandon General Hospital, gathered in the nurses' home on the eve of the departure of Nurse McGowan, assistant superintendent, from their midst. Nurse McGowan was presented with a silver purse containing $100 in gold, as a mark of their esteem and also as a wedding gift, the presentation being made by Dr. M. S. Fraser, and an address was read by Dr. L. M. More. Dr. Fraser also made a very witty speech and several other doctors spoke in the highest terms of Nurse McGowan, who was married to-day, (January 21st) to Dr. Benjamin Hop-

kins, of Prince Albert. The evening was brought to a close by the singing of Auld Lang Syne.

ONTARIO.

Dr. David S. Hoig has received the appointment of Medical Superintendent of the Oshawa General Hospital.

Miss Margaret Teiling, graduate of the Oshawa General Hospital, has accepted the position of head nurse in the Lellandra Hospital, St. Catharines.

Miss Daphne Drew, graduate of the Oshawa General Hospital, has been appointed night supervisor in the Oshawa Hospital.

Miss J. A. Gibson, Lady Superintendent of the Kincardine General Hospital, had a serious operation performed in December, and has been obliged to give up her position and take a long rest.

Miss Neelin, formerly Lady Superintendent of the Royal Alexandra Hospital, Fergus, has been appointed to the position.

Mrs. N. Hillary Aubin, corresponding secretary of the Toronto General Hospital Alumnae Association, formerly of 78 Queen's Park, who has been so ill in the hospital for the past three weeks, is at present staying with her brother, Mr. N. T. Hillary, 123 Bedford Road, Toronto, where she will be until further notice. Mrs. Aubin will be glad to have all Alumnae and other communications sent to her there.

Miss Margaret Wood, graduate of the Hospital for Sick Children, Toronto, is now assistant superintendent of the Babies' Hospital, New York City.

Miss Eleanor Butterfield, graduate of the Hospital for Sick Children, is in charge of the children's ward in the Allegheny General Hospital, Pittsburg, Penn.

Miss De Vellin, graduate of Grace Hospital, Toronto, has gone to Los Angeles, Cal., with her patient. She expects to be away for some months.

The graduating exercises of the class of 1914 of St. Vincent De Paul Hospital, Brockville, Ont., took place in the assembly room of the hospital on the afternoon of January 8th.

Very Rev. Dean Murray presented the diplomas and delivered a splendid address to the graduating class in the presence of the entire medical staff.

The Rev. Mother Superior, of the House of Providence, Kingston, presented the candidates.

During the proceedings the nursing staff rendered a fine musical

program in which Misses B. Fraser, C. Murphy and M. McDonald took part.

Miss Helen Shea presented each of the graduates with a handsome bouquet.

At the conclusion a banquet was held when the graduates and relatives were entertained to dainty refreshments.

Mrs. Harvey entertained the Graduate Nurses' Association of Thunder Bay District, at her home, 1118 Ridgeway Street, Fort William, at the first meeting in the New Year, January 8th. Mrs. (Dr.) Cook presided. The other officers were all present and a good attendance of members. After the business part of the meeting a very pleasant social hour was spent, and the third annual meeting at Mrs. Harvey's hospitable home closed.

Miss Shaughnessy and Miss Wishart, graduates of St. Joseph's Hospital, Port Arthur, have returned to do private nursing in the twin cities, after a year in Winnipeg.

Miss Sherratt, of Port Arthur, spent the holidays at her old home, Kingston, Ont.

Miss Wiggins, Port Arthur, accompanied her patient, the late Dr. Beck, of Port Arthur, to Toronto, where he entered the Wellesley Hospital, where he died, January 12th, after a long illness. The nursing profession in the Twin Cities lose a staunch friend in Dr. Beck.

London: The February meeting of the Victoria Hospital Alumnae Association was held on Tuesday evening, 3rd inst. Dr. Hadley Williams gave an intensely interesting address on "Modern Surgery." Dr. Williams, one of London's leading surgeons, has had experience in hospital work and practice in the Old World, and has visited most of the best hospitals on both sides of the Atlantic. The marvelous strides in surgery, the technique, were all clearly explained and elucidated, and by comparison with the best elsewhere, Canadian hospitals stand in the front rank. A vote of thanks was tendered Dr. Williams, and refreshments were served in the Nurses' parlor.

Miss Barrie, of Sarnia Hospital, is in the city looking into social service work for Sarnia.

Miss McDougall and Miss Rankin, social service workers of this city, were in Toronto last week getting points for work here.

Miss Edith F. Neelin, who has been Lady Superintendent of the Royal Alexandra Hospital, Fergus, for the past two years and a half,

has resigned her position there to accept a similar one at the General Hospital, Kincardine.

Miss Olive J. Griffin, graduate of Guelph General Hospital, class '13, has succeeded Miss Neelin at Fergus.

Miss Sadie Shewfelt, graduate of Kincardine General Hospital, class '12, is recovering from typhoid and is able to return to her home.

Miss E. Jean Hoffman, graduate of Royal Alexandra Hospital, Fergus, Ont., class '13, has sufficiently recovered from a very serious operation to return to her home at Kincardine, after two months at the Fergus Hospital.

Miss Margaret McDonald, graduate of Victoria Hospital, London, class '13, has gone to Saskatoon to do private nursing. Miss McDonald has been at her home in Kincardine nursing her brother who was ill with pneumonia.

Miss Olive Laidlaw, graduate of the Cooley Dickinson Hospital, Northampton, Mass., returned to Boston after a month's visit with her parents in Seaforth.

Miss Edna Perry, graduate of the Post Graduate Hospital, New York, has recently gone to Asafagasta, Chili, where she will do private nursing. Miss Perry will be traveling for thirty-nine days before she reaches her destination.

St. Catharines: The Alumnae Association of the Mack Training School held a very interesting meeting in January, at which Dr. W. J. Chapman gave a splendid address on "Safeguarding Surgical Operations." There were about eighteen present.

Miss Sutherland, Head Nurse of the Mack Training School, unfortunately met with an accident on February 2nd, fracturing her right ankle, which necessitates her absence from duty for some time.

We learn with regret that Miss E. Lovell, a recent graduate of Mack Training School, is unable to nurse owing to ill health.

Miss M. Bowman, graduate of 1913, has accepted the position of Night Supervisor at the General Hospital, Port Hope, Ont.

Miss M. MacPhee is visiting in Boston.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the club house, 12th January, 1914, and although the day was bitterly cold there were quite a number present. Miss Grace Moore presided. Business being disposed of, the meeting

took the form of a musicale, for which a very enjoyable program had been arranged by the St. Luke's Alumnae. Tea was then served and a pleasant social hour was spent.

The annual meetings of the Alumnae Association of the Ottawa General Hospital was held on January 2nd. A large attendance was present and both Secretary's and Treasurer's reports were most satisfactory. The latter showing a substantial balance on hand. The following were elected officers for the following year: Miss M. Brankin, President; Miss M. Neisius, First Vice-President; Miss A. McDermot, Second Vice-President; Miss P. Redmond, Secretary; Miss E. Burk Treasurer; Miss F Lyons, Secretary-Treasurer Sick Benefit Fund.

By the death of Rev. Sister Isiah, which occurred at the hospital, December 5th, 1913, the Sisters of Charity lost a valuable member of the community and the hospital one of its most esteemed and capable nurses. The late Sister graduated in 1910, and from that time had acted as head nurse in the different wards of the institution. For six months previous to her fatal illness, Sister Isiah acted as Night Superintendent. An attack of pneumonia terminated a most promising career at a very early age.

Much sympathy is extended her bereaved family, and the Sisters of Charity.

A second member of Class 1913, O.G.H., passed away in the person of Miss Margaret Rowan, whose death occurred at her father's residence at Ottawa on Christmas Day. The young nurse, since leaving the hospital in June, had only been able to practice private nursing for two short months. In August Miss Rowan's condition became serious and from that time until her death, she was confined to bed with an attack of Septic Endocarditis. A general favorite with the hospital authorities and nurses, her untimely death caused profound regret.

Miss Margaret Spooner, graduate O.G.H., Class '11, made her final vows on January 5th, and was admitted to the Order of the Sisters of Charity. Her many nursing friends offer sincere congratulations.

Sister Mary Alice, Superintendent of the City Hospital, Ogdensburg, was a guest at the O.G.H. during the Christmas holidays.

Sister Mary Daniel, head operating-room nurse O.G.H., has left for Ogdensburg for a short holiday.

The many friends of Miss I. MacElroy, graduate O.G.H., will be pleased to hear that she has recovered from her recent illness.

Much sympathy is extended Mrs. G. Vaughan, of Ottawa, on the recent death of her father, Mr. Gunn, of Lancaster, Ont. Mrs. Vaughan is a graduate of the O.G.H.

Peterboro.—An informal opening of the "new wing" of the Nicholl's Hospital, took place New Year's Day. The new building contains

eleven private, four semi-private, and four public wards, and has all the latest improvements.

The nursing staff has been increased.

Miss Beamish, Superintendent of the Nicholl's Hospital, is away for a short holiday.

Miss Giffin, graduate of Hamilton City Hospital, has resigned her position as Night Supervisor of the Grant Hospital, Columbus, Ohio, to accept the position of Lady Superintendent of Bethesda Hospital of Zanesville, Ohio.

Miss Van Velzer, graduate of Hamilton City Hospital, has accepted the position of assistant Superintendent of the Welland Hospital.

Miss Ada Walker, graduate H.C.H., and her sister, who were Superintendent and Assistant of the hospital at Minnedosa, have resigned their positions to take up the work of chicken farming in the same town.

The many friends of Miss Elizabeth Bell, graduate of class 1911, H.C.H., will be sorry to hear that she had to undergo an operation for appendicitis on February 7th. A favorable recovery is expected.

At the regular monthly meeting of the H.C.H. Alumnae, on February 3rd, the principal subject discussed was the ways and means of forming a central registry for all qualified graduates in the city. Nothing definite was arranged.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Friday, February 6th, in the nurses' residence, with the President, Mrs. Valentine, in the chair. There were fourteen members prsent. After business matters had been attended to, Miss McKenzie of the Toronto Graduate Nurses' Club, spoke for a few minutes on the privileges the members of the club might enjoy. Miss Davis, Superintendent of Nurses at the Provincial Asylum, gave a most interesting paper on Mental Diseases.

Mrs. Yorke, graduate Toronto Western Hospital, has been ill for some time at her home, 400 Manning Avenue, but is improving slowly.

Miss Harrison, graduate T.W.H., is at present ill in the Alumnae Ward of the hospital.

Miss Tuckett, graduate T.W.H., class '13, has accepted a position as Assistant Superintendent of the Strathcona Hospital, Edmonton. Duties to commence in March.

The members of the Kingston Nurses' Alumnae planned a sleighing party for January 29th. All their friends, who had so kindly helped them with the Mason's Banquet, were invited, and a very jolly time was expected, but when the evening of the 29th arrived it was pouring

rain. As a sleigh ride was out of the question, Mrs. Campbell, Secretary-Treasurer of the Association, kindly offered her home, and a very enjoyable evening was spent.

Miss Davis, T.G.H., of Welland, Ont., was a guest at the Toronto Graduate Nurses' Club in January.

A number of private dances, teas, etc., have been given during the winter at the club.

Miss Rankin, Welfare Nurse of McClary Manufacturing Co., London, Ont., and Miss McDougall, Social Service Nurse at Victoria Hospital, London, stayed at the club while investigating various social organizations in Toronto.

Miss Helen Barrie, the newly-appointed social service nurse of Sarnia, Ont., was also a guest at the club while looking for ideas that would be helpful to her in her new work.

St. Michael's Hospital Alumnae Association gave a dance at the club, about sixty guests being present. Dancing was indulged in up to twelve o'clock.

Mrs. Cox, of Bathurst, New Brunswick, was at the club for a few days while in Toronto.

The new General Hospital at Strathroy, was opened on Monday, February 9th by Dr. R. W. Bruce Smith, Inspector of Hospitals for Ontario. Addresses were given by Mayor Owens and Chairman Dunn of the Hospital Board.

QUEBEC.

At a meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, held on the evening of January 10th, very much regret was expressed at the death of Miss Grant, for several years a most interested and efficient President of the Society. After a short illness she died at the home of her sister in Ottawa on the 12th of December, 1913.

Mrs. Stanley, in a short speech, paid a very feeling tribute to Miss Grant, speaking of her kindness to her personally, as senior nurse to probationer, and many others can remember how patient and helpful she was to them during that most trying time of their training.

Miss Grant was a graduate of the Class of 1896, and a short time after her graduation she took charge of Dr. Gardner's private hospital, where she remained until that institution was closed a year ago, since then she had been engaged in private nursing.

Her work was always quietly, thoroughly, and conscientiously done and her kindly, gentle manner endeared her to all with whom she

came in contact; she will be much missed in the Association work; though she resigned the Presidency last year, she was deeply interested in all that pertained to the Society.

Loyal to her Hospital, her work and her friends, what more can we say of anyone, her memory will be green in many hearts for years to come.

Miss Florence Brown, M.G.H., '09, has returned to Montreal, and is doing private nursing.

Miss Constance Stewart, M.G.H., '12, is leaving for England shortly to spend some time at her home.

Miss Kate Wilson, M.G.H., '11, is leaving this month with her patient for a trip abroad.

Miss Childs, M.G.H., '13, who has just completed her course of training is going to her home for a year before taking up private nursing.

Miss Sara Dawson, M.G.H., 1899, has returned to Montreal, and is doing Victorian Order Nursing.

Miss Haddill, M.G.H., '10, who has been doing private nursing in Vancouver, B.C., was operated upon a short time ago in the Bute Hospital, Vancouver, B.C. She is progressing favorably.

The unincorporated association formed by the nurses of the Montreal General Hospital has been given official recognition and has been incorporated by an order-in-council dated November 6, 1913. The association's corporative name will be : "The Alumnae Mutual Benefit Asociation of the Montreal General Hospital Training School for Nurses." The aims of the association are the maintenance of the honor and character of the nursing profession, the promotion of unity and good feeling among its members, and mutual help in their work; the administration of a sick benefit fund for the mutual benefit of the members; and the taking over of the assets and liabilities of the present unincorporated body.

The third meeting of the "Graduate Nurses' Association of the Eastern Townships," was held in Sherbrooke, Que., January 13th, 1914. The comfortable clubroom of the Daughters of the Empire, kindly offered for our meetings, was used.

Owing to the very severe weather, the attendance was unusually small.

The principal business brought up was the registry question, the details of which, it was decided, should be arranged by the Executive Committee.

The lecturer for the day, Dr. W. W. Lynch, was unfortunately

called away at the last minute. His very interesting paper was read by Miss Lamb.

NEWFOUNDLAND.

Newfoundland Nurses' Association : President, Miss Southcott, General Hospital, St. John's; Vice-President, Miss Campbell, Hamilton Avenue, St. John's; Secretary-Treasurer, Miss Borden, General Hospital, St. John's; Executive Committee, Misses March, Cullian, Redmond and Tuck.

Meetings—First Saturday of the month, 4 p.m.

General Hospital, St. John's : On Tuesday, December 30th, 1913, the Cowan Mission gave their annual Christmas treat to the patients of the General Hospital. Carson Ward was the headquarters for tea and entertainment. All patients who could be moved from the other wards were assembled there and did full justice to the good things provided. After the tea and concert were over each patient and each nurse and servant, too, was presented with a souvenir of the occasion. There was not one empty bed, although Christmas is the slack time usually. The wards were nicely decorated, and looked very pretty, the decorations in one ward being given by a grateful patient.

On Tuesday, January 6th, the Superintendent of Nurses, Miss Southcott, entertained the Sisters and some of the graduates at dinner.

Mr. W. W. Reid very generously presented a gramophone to the nurses as a Christmas gift. The records—all very good ones—are many in number and will be much appreciated, and afford a great deal of pleasure to the recipients.

The Nurses' Association is growing, meetings have been held regularly every month and have been well attended.

The establishing of a Nurses' Registry, is the question at present being considered, as hitherto there has been no centre where doctors or patients could apply when they wanted to obtain a nurse.

Seven nurses of the General Hospital passed their final examination in December last. They are Emma Reid, Annie Payn, Clara White, Ellen Penny, Katharine Fitzpatrick, Alice Lillie, Mildred Edgar.

The first of these has been appointed Sister, the second returns to the Hospital, after her holiday, as staff nurse.

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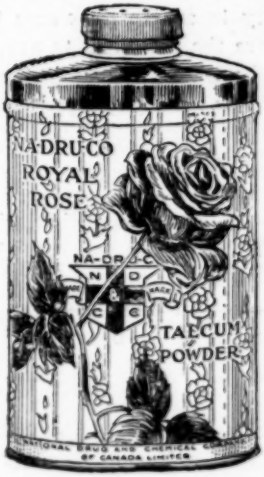

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College of Physicians and Surgeons, Baltimore. Third edition enlarged and revised. 12mo volume of 431 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.50 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

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Dorland's American Pocket Medical Dictionary—Edited by W. A. Newman Dorland, M.D., editor "American Illustrated Medical Dictionary." Eighth edition revised and enlarged. 32mo of 677 pages. Philadelphia and London: W. B. Saunders Company, 1913. Flexible leather, gold edges, $1.00 net; thumb index, $1.25 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This is the eighth edition of this convenient volume; needless to add, it is up-to-date and therefore indispensable to the student.

Anatomy and Physiology—A Text-Book for Nurses—By John Forsyth Little, M.D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. 12mo, 483 pages, with 149 engravings and 4 plates. Cloth, $1.75 net. The Nurses' Text-Book Series. Lea & Febiger, publishers, Philadelphia and New York, 1914.

A clear definite knowledge of the essentials of anatomy and physiology are necessary to enable the nurse to intelligently do her part in helping to restore the abnormal to normal. This volume will be found valuable by all nurses. The subjects are here so clearly and concisely presented as to be readily grasped and remembered, and the questions at the end of each chapter are helpful for review. A glossary explains all technical terms.

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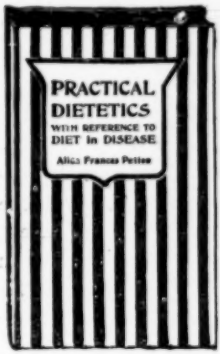

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MARRIAGES

At Christ Church, Vancouver, B.C., January, 1914, Miss Eva Allan, graduate Royal Jubilee Hospital, Victoria, B.C., to Mr. David Power, of Kamloops.

At St. Jude's Church, Winnipeg, Manitoba, on September 4, 1913, Miss Ethel C. Smith, graduate of St. Luke's General Hospital, Ottawa, Class '10, to Mr. L. A. Ernest Moulds, of Winnipeg, formerly of Ranikhet, India.

At St. Paul's Presbyterian Church, Brandon, Manitoba, on 21st January, 1914, by Rev. R. S. Laidlaw, Margaret McGowan, graduate of Brandon General Hospital, class '08, to Benjamin Arthur Hopkins, M.D., of Marcelin, Sask.

BIRTHS

At 178 Geoffrey St., Toronto, on January 17, 1914, to Mr. and Mrs. H. H. Fullerton, a daughter. Mrs. Fullerton (nee Miss Jessie Hunter) is a graduate of the Hospital for Sick Children, Toronto, class '06.

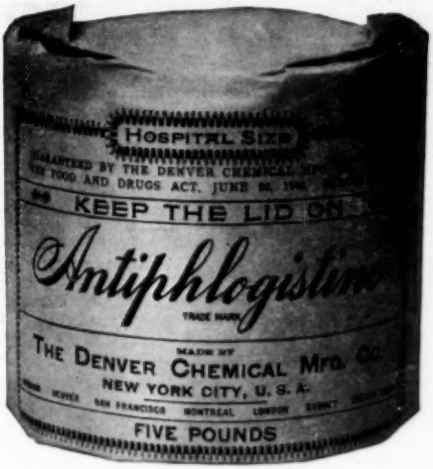
On December 28th, 1913, at Ottawa, to Dr. and Mrs. E. Brunet, a son. Mrs. Brunet is a graduate of the Ottawa General Hospital.

On January 15, 1914, at Calgary, Alta., to Dr. and Mrs. Fisher, a son. Mrs. Fisher (nee Miss S. V. Henderson) is a graduate of the Lady Stanley Institute, Ottawa, class '04.

At Kingston General Hospital, on December 6th, 1913, to Rev. and Mrs. Hollingsworth, of Maberly, a son. Mrs. Hollingsworth (nee Miss Meldrum) is a graduate of Kingston General Hospital, class '09.

DEATH

At Ottawa, on Christmas morning, Miss Margaret Rowan, graduate of Ottawa General Hospital, class '13.



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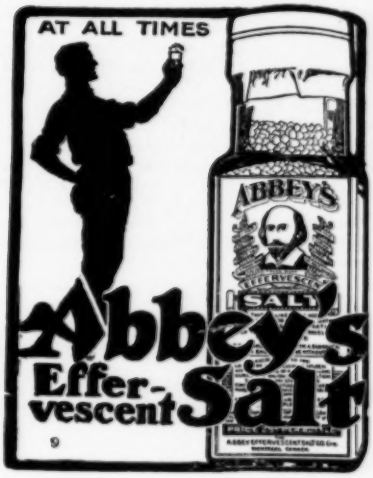

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